STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	010888	A. BUILDING: _____ B. WING _____	R-C 08/12/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE RICHMOND	3700 S A ST RICHMOND, IN 47374

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{R 000}	INITIAL COMMENTS This visit was for a Post Survey Revisit (PSR) to the Investigation of Complaint IN00203189 completed on June 30, 2016. Unrelated deficiency - corrected Survey date: August 12, 2016 Facility number: 010888 Provider number: 010888 AIM number: N/A Census bed type: Residential: 42 Total: 42 Sample: 3 Brookdale Richmond was found to be in compliance with 410 IAC 16.2-5 in regard to the PSR to the unrelated deficiency cited during the Investigation of Complaint IN00203189. Q.R. completed by 14466 on August 15, 2016.	{R 000}		